

Goal A: Improve the health of all Texans by promoting healthy eating and safe physical activity.

Proposed: Improve the health of all Texans by promoting healthy nutrition and safe physical activity.

Final: *same as proposed*

Goal B: Reduce tobacco use, risky sexual behavior, and legal/illegal substance abuse in order to decrease premature death and disease.

Proposed: Reduce risky behaviors including, but not limited to, tobacco use, risky sexual behavior, legal/illegal substance abuse, and violence in order to decrease disability and premature death and disease.

Final: Promote healthy choices with regard to risky behaviors including, but not limited to, tobacco use, risky sexual behavior, substance abuse, and violence to reduce the disability, disease, and premature death resulting from unhealthy choices.

Goal C: Promote mental health and individual and community social connections thereby increasing resiliency, preventing mental disorders and increasing early detection.

Proposed: Acknowledge that mental health is a public health issue. Promote mental health and individual and community social connections thereby increasing resiliency and preventing and increasing early detection and effective treatment of mental disorders.

Final: Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection, and treatment of mental disorders.

Goal D: Increase high school graduation rates and the rates of matriculation into college, thereby improving socioeconomic and health status.

Proposed: Increase rates of high school graduation, adult literacy, and college and other advanced education and training thereby improving socioeconomic and health status.

Final: *same as proposed*

Goal E: Reduce health risks due to environmental hazards.

Proposed: Reduce health risks due to environmental and consumer hazards.

Final: *same as proposed*

Goal F: Reduce infectious disease in Texas with a focus on increasing immunization rates among Texas children and adults.

Proposed: leave as is

Final: Reduce infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults.

Note: Goals G through I were re-ordered

Goal G (was Goal I): By 2010, Texas state statute and local policy will ensure the provision of the essential public health services (emphasizing disease prevention and health promotion) for all communities in Texas.

Proposed: By 2010, Texas state statute and local policy will ensure the provision of the essential public health services (emphasizing disease/injury prevention and health promotion) for all communities in Texas.

Final: By 2010, Texas state statute and local policy will ensure that essential public health services (emphasizing disease/injury prevention and health promotion) are available for all communities in Texas.

Goal H (was Goal G): By 2010, a diverse set of partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.

Proposed: leave as is

Final: By 2010, a diverse set of governmental and non-governmental partners will actively participate and collaborate to provide the services necessary to meet the public health needs of Texans.

Goal I (was Goal H): By 2010, Texas communities will be aware of the structure, function and availability of the public health system through a communications network.

Proposed: leave as is

Final: By 2010, Texas communities will be aware of the structure, function and availability of the public health system.

Goal J: By 2010, (50% - proposed percentage) of the public health system workforce will have the (optimum necessary) education and training to meet evolving public health needs.

Proposed: By 2010, the public health system workforce will have the education and training to meet evolving public health needs.

Final: *same as proposed*

Goal K: By 2010, the Texas public health system will be operating with a flexible funding system that efficiently and effectively meets the needs of communities for all public health objectives.

Proposed: *leave as is*

Final: *leave as is*

Goal L: By 2010, the Texas public health system will be operating with a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level.

Proposed: *leave as is*

Final: By 2010, the Texas public health system partners will be informed by, and make decisions based in part on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.

Two comments on the first draft of goals were received after the deadline and not included in the previous summary of feedback on the goals so they are included here:

Comment 1

This comment was actually a ranking of the original goals:

Goal A—high priority
 B—high
 C—medium
 D—medium
 E—medium
 F—high
 G—high
 H—medium
 I—high
 J—medium
 K—high
 L--high

Comment 2

Once again, successful local public health programs are placed at risk for funding reductions by the “Prioritization of Goals” as established by your survey. While ranking “Health Status Goals” as high, medium or low priorities may appear to be in the best interest of those we serve, the reality is that the most successful programs administered by local public health agencies will receive a low priority ranking. The reward for a job well done will result in funding reallocations from those programs to others ranked at a higher level.

To illustrate this point, observe the recent actions implemented by the Texas Department of Health Bureau of HIV and STD Prevention. In an April 18, 2000 publication titled “Central Texas HIV Epidemic Profile”, page 7 states in part: “Six of the seven bottom ranked categories in terms of risk behavior are F/MS sub-populations. Risk categories that contribute to the reduced risk in these sub-populations are barrier use with anal sex and fewer partners. The low risk values in these categories indicate successful prevention efforts in these communities.”

RFP HIV-0038 was designed specifically to exclude programs which were successful in serving these “low and medium priority” sub-populations, and TDH funding recommendations were based solely on a review of three high ranked sub-populations. The Bell County Public Health District application was not approved for funding due to the omission of serving one of those three high ranked sub-populations, even though it proposed serving a total of ten sub-populations with high, medium and low rankings. While an appeal to that decision remains pending at this time, the design of this RFP process supports my point that successful programs are penalized, defunded and cast aside when high priorities are identified.

Similar occurrences have resulted in successful programs for food safety, lead screenings and tuberculosis. Based upon the design of your survey and no new funding in sight for the high priority goals, there will no doubt be more.

Below are the comments received on the short Declaration for Health and the more-detailed goals:

Comment 3

In Goal B, can we add the term preterm births?

Comment 4

I think it's very important to include the concept of timely vaccinations.

Comment 5

For the data goal—make sure it emphasizes the result—which is not just a data system—emphasize not just the accumulation/acquisition of data but turning data into information for use.

Comment 6

The revisions look good. I am particularly pleased with the changes to Goal B. I presented a Rural Health Roundtable on HIV/AIDS in TDH Region 4/5N this week. The growing number of HIV positive persons in East Texas is going to impact on the Texas Health Care System and I feel that this issue is firmly addressed in the plan.

Comment 7

Below is a suggested revision to Goal C.

Recognize mental health as a public health issue. Promote mental health and increase individual and community social connections in order to improve prevention, early detection and treatment of mental disorders.

Comment 8

Perhaps add a last clarion call or thought to the short Declaration for Health such as, "We urge our fellow Texans to join us in the vital mission to secure the future of Texas."

Comment 9

Here are some suggested rewrites for the opening of the short Declaration for Health:

To remain a prosperous and growing state with a vibrant economy and secure future, Texas and its people must be healthy, our public health system must be effective and efficient in preventing disease, and health disparities among population groups must be eliminated by the year 2010.

Change the last phrase to:

- (1) "...disparities among population groups must be substantially reduced by the year 2010"; or
- (2) "disparities among population groups must be eliminated."

The organizations affixing their signatures to this declaration represent the width and breadth of Texas and we agree to work together and share responsibility and accountability for reaching the goals stated herein.

Change “width” to “length.”

We believe that the public health system-is the cornerstone of our state’s health-care system; that the current state of affairs cannot safeguard the health of Texans in the years to come; that many Texans are now on the threshold of illnesses that could have been prevented by an effective public health system; and that, unless we act now, we will not be able to ensure the public’s health for the future.

Suggested rewrite:

We believe that public health is the cornerstone of our state’s health-care system; that the status quo cannot safeguard the future health of Texans; that the many Texans now on the threshold of illnesses can remain healthy by an effective public health system; and that
....

We must convince Texans to eat healthy and to engage in safe physical activity.

Add, “To achieve our goals:” before the above statement.

Comment 10

In reading over the Declaration of Health there appears to be one health issue category omission in the "We must..." declarations i.e., eliminating health disparities. Although disparities is mentioned in the opening paragraph, it is missing in the list of goals by this select committee. Placement as a goal would be especially important if the goals will be use as the basis for measuring the success of this initiative.

TDH is the lead HHS Agency and voice for H.B. 757 which establishes a Health Disparities Task Force. With the support and promotion from the Federal HHS Healthy People 2010 Report and strategy plan, this topic is a national health priority.

We would like to suggest including the Elimination of Health Disparities in Texas among multicultural, disadvantaged, and regional populations as stated in H.B. 757. While the committee has done a fine job of addressing urgent and prominent health care issues that affect all Texans, there are continuing higher levels of illness, disease, and death experienced by racial and ethnic minorities as well as disadvantaged populations and communities. Special attention and emphasis needs to be given to this situation or any overall improvement in the areas targeted in the Declaration could result in the same proportion of health disparities.

Comment 11

This was the direction I thought we needed to go in.

But it is a big mistake not to set quantitative goals at the outset. Without quantity, they have no real meaning aside from, “oh that would be nice.” It’s the pain of setting quantitative goals that makes them worthwhile.

What does it really mean to say: "Reduce infectious disease in Texas with a focus on increasing immunization rates among Texas children and adults." You can find that same aspiration in a dozen previous TDH documents. It isn’t any good unless everybody agrees on a number and lives with it. Without a number, it will not stimulate action. And action is the only thing that will change anything.

I like Texas Health Goals better as a name.

Comment 12

This commenter compared the goals as stated in the short Declaration for Health and the more detailed goals and made comments as summarized here:

- (1) Regarding “promoting” healthy nutrition versus “We must convince Texas to eat...” There is a vast difference in connotation between “promoting” and “must convince.”
- (2) Regarding reducing risky behaviors...Individuals must be made responsible for the consequences of unhealthy behavior in order to make a change in their lives.
- (3) Regarding education...the more detailed goals’ wording is shorter and better.
- (4) Regarding environmental and consumer hazards...We must educate individuals on the dangers of environmental and consumer hazards and trust they are smart enough to make changes themselves.
- (5) Regarding infectious disease...OK, But as we are lowering infectious disease we are seeing an epidemic in autism and developmental disorders. What if on the one hand we are doing a good thing and on the other we are creating a new monster?
- (6) Regarding state statutes and local policies...I can’t put my finger on why the short Declaration wording bothers me. I somehow think it may not mean the same thing I was thinking when we drafted the more detailed one.
- (7) Regarding the short Declaration wording for “structure of collaborative partners...I object to the concept of a “structure” of collaborative partners. I think we need to have a group or system of partners. The idea being that each is independent, but interrelated. This also goes back to my original comment that nobody knows the scope of the system now because we don’t know its parts.
- (8) Regarding making communities aware of public health through a communications network...I actually think that making every community aware of the function and availability of the public health system is a priority over developing the communication system.
- (9) Regarding training the public health workforce...kind of scary if they aren’t.
- (10) Regarding a flexible funding system...This should be better defined. I am disappointed we didn’t have the time to flesh out the details that this should be a block grant to communities to meet the local needs.
- (11) Regarding data...Just add that consent and privacy will be integrated.

Thoughts:

1. Public health, “the activities that society undertakes to assure the conditions in which people can be healthy...[which] includes organized community efforts to prevent, identify, and counter threats to the health of the public.”
2. The health of the community is only as good as the health of the individuals in the community.
3. Government has the responsibility to respond to protect the health of the community in the event of a bioterrorist attack or the outbreak of an infectious disease.
4. Government has the responsibility to protect the health of the community through establishing and enforcing minimum, cost-effective health and safety standards.
5. Government has the responsibility to provide a safety net for those who, through no fault of their own, have no means to provide for themselves.
6. Health care service providers have a responsibility to educate their patients on healthy choices.
7. Health care service providers have a responsibility to make services available at a time and in a manner where they will be accessible by consumers.
8. Individuals have the responsibility to protect their health through wise decisions and healthy choices.

To fully enjoy the benefits of a prosperous and growing state, Texans and their communities must have access to quality health care services, be protected from threat of disease, and educated sufficiently to exercise good judgment in medical and lifestyle decisions.

We believe that the public health system as it is currently structured is inadequate to meet the needs of the future. Recognizing that “public health” includes all the activities that society undertakes to assure the conditions in which people can be healthy, and that it is not the sole responsibility or purview of government, we, the undersigned, pledge to work together and share responsibility and accountability for reaching the goals stated herein.